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NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELISABETH ROBINSON SCOVIL

THE RICE DIET.—Dr. L. Duncan Bulkley presents in the *Medical Record* the results of his personal experience of the remarkable effect of a rice diet in controlling certain acute inflammatory conditions of the skin, notably in an acute agonizing attack of vesico bulbous eruption on the hands. The diet consists exclusively of rice, butter, bread and water, nothing else for each meal three times a day, for a specified time, depending on the severity of the case. Well-boiled rice is eaten hot with butter and a little salt, no milk or sugar. It is slowly and thoroughly masticated to secure the full action of the saliva. White wheat bread is used, twenty-four hours old, well chewed; water, hot or cold, not iced; half a pint of hot water, in addition, one hour before the morning and the evening meal. This is followed by a diet principally vegetarian. Besides benefiting an acute eczema, it greatly relieved a severe case of rheumatoid arthritis, the hands, which were distorted and firmly flexed, becoming limber.

FACIAL ERYSIPELAS.—A French surgeon has been successful in the treatment of facial erysipelas by the continued application of a 5 per cent solution of mythelene blue. The solution was applied by a camel's hair brush or cotton swab to the diseased surface and for an inch beyond on the surrounding tissue. It was renewed twice daily.

A NATIONAL LEPROSARIUM.—*The Journal of the American Medical Association* refers to the fact that a bill is at present pending before Congress providing for an appropriation of \$250,000 for the erection of buildings, the maintenance and salaries of a national establishment for the care of lepers. In practically all the cases, the patients of this class have contracted the disease outside the United States. It has been estimated that there are from 800 to 1,000 cases in the country and the number is increasing. Three states now have permanent leprosariums. It is stated that the danger of contagion is about one-hundredth as great as in tuberculosis. Twenty-four lepers are permitted to live in their homes in New York City and to engage in their usual occupations, after consultation by the authorities with the leading dermatologists of the city.

MEDICAL PROGRESS.—*The Medical Record*, having completed its fiftieth year of publication, devotes some space to a retrospect of half

a century's advance in medicine and surgery. The advance of applied medical knowledge is strikingly illustrated by the difference between the tuberculosis statistics of mortality in New York City in 1870—421 per 100,000 of population, and in 1914—169 per 100,000. Plaster of Paris bandages were first introduced by a Belgian army surgeon, Mathysen, who died in 1878, and were improved and popularized by another Belgian, Herbert van de Loo, who died in 1883. Iodine was introduced into surgery by Moestig Moorhof in 1880. The rise of trained nursing receives a tribute. "The tendency of the present is to regard the art of nursing as an independent vocation, as an adjunct and auxiliary to medicine." The words of the great German clinician, Von Leydon, in 1897, are quoted "The nursing of the sick, already recognized in its full importance, is rapidly becoming an essential and indispensable branch of scientific medicine."

CONSTIPATION IN CHILDREN.—*Practical Prescribing* says agar-agar cut into very small pieces and eaten with milk or cream, like a breakfast food, with the addition of malt or sugar, makes a palatable and gentle laxative for children. The ordinary quantity given is one teaspoonful night and morning.

COLIC.—The same journal recommends, for an acute attack of colic in children, the injection of from ten to fifteen ounces of soapy water, also hot fomentations to the abdomen and a dose of castor oil, if the usual cause, offending material in the bowel, is present.

AERIAL CONVEYANCE OF INFECTION.—A writer in the *Lancet* reports experiments in the nursing of various forms of infectious diseases in the same hospital ward under ideal conditions of space and ventilation. He concludes that scarlet fever infection and rubella are not carried by air; the infection of diphtheria is not considered to be air borne. While there was an infection of mumps, it was not thought to be air borne. It is doubtful whether whooping-cough is air borne or not. He is satisfied that chickenpox is air borne early in the disease and it is difficult to determine when it ceases to be so. He does not accept the view that this disease is infectious until the last scab has separated from the patient's skin and thinks it needless to keep the chickenpox patient apart from others as long as is generally considered necessary.

BLUNDERS IN TREATING EYE INFECTIONS.—*The Journal of the American Medical Association*, in a synopsis of an article in a German contemporary, says that harm is likely to follow the mistaken practice of bandaging the eye when there is much discharge, or pus. It should be allowed free escape, not even a protecting cover being required. A protective dressing is necessary when there is a foreign body in the cornea, or one has just been removed from it. It is indispensable

where there is gonorrheal trouble in one eye and the sound one must be protected against its secretions.

STARVATION TREATMENT OF DIABETES.—The treatment of diabetes mellitus by starvation, inaugurated and practised by Dr. Frederick M. Allen of the Rockefeller Institute Hospital and used in the Massachusetts General Hospital, has excited much interest. The patient is put to bed and no food allowed except one ounce of whiskey every two hours, given in black coffee, from 7 a.m. to 7 p.m. Sodium bi-carbonate, two drachms every three hours, is given if there is evidence of acidosis, as indicated in the urine. This diet is continued until the patient is sugar-free, usually two or three days. When this occurs he is allowed to get up and is placed upon a diet of vegetables containing 5 per cent carbohydrate. A moderate amount of fat in the form of butter may be given. The proteid, fat and carbohydrate are gradually raised, bearing in mind that an excess of proteid is an important factor in glycosuria. It is stated that if the diet is raised very slowly, sugar will not reappear. The essential points are: it is not dangerous to starve a diabetic, two or three days sufficing almost always to make a patient sugar-free; after starvation the diet must be raised very slowly; an excess of proteid can produce glycosuria; it is not desirable for all diabetics to keep their weight.

ARTIFICIAL ECZEMAS.—A French surgeon states that eczema may develop around a wound from the too prolonged or needless use of iodine, or hydrogen dioxide. No efforts need be made to heal it; if the skin is let alone it will recover.